

**Miami County
Health Department
Environmental Division**

25 Court Street, Room 211
Peru, Indiana 46970
765-473-0284 – Fax 765-473-0285

Application for Plan Review

Please complete the following, as is applicable to the retail food establishment.

Business Owner/Corporation Information:

Engineer/Architect Information:

Name: _____

Name: _____

Contact Person: _____

Contact Person

Telephone Number _____

Telephone Number

Mailing Address _____

Mailing Address

Building Owner information if different from Business Owner/Corporation:

Name: _____

Telephone Number: _____

Mailing Address: _____

New Construction _____

Existing/Remodel _____

Establishment Information:

Establishment Name: _____

Establishment Mailing Address: _____

Establishment Street Address: _____

Contact Person _____

Title: _____

Establishment Phone #: _____

Contact Person Phone #: _____

Water Supply: Public _____ Private _____ **Sewage Disposal:** Public _____ Private _____

✓ If private, do you have approval from the appropriate regulatory authority? Yes _____
No _____

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24

Please check those items submitted for review:

_____ Intended menu

_____ Type of menu: Cook serve _____

Full service/limited reheat

_____ Full service/advanced prep _____ Other _____

_____ Proposed layout, mechanical schematics, construction materials, and finish schedules.

_____ Proposed equipment types.

_____ Evidence that standard procedures that ensures compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.

Project

Signature of Applicant and Relationship to

Date Signed